

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/717329</div>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						51				
2		1					52				
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5		1					55				
6	1						56				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	←		←		←		Total Indep	←		←	
Total Depend	←		←		←		Total Depend	←		←	
Total Claims							Total Claims				